

## Annex A

### Immunization Strike Team Information

#### **Immunization Strike Team (IST) Purpose**

The Immunization Strike Team (IST) has been developed to provide additional support to Local Health Departments (LHD) in the execution of an H1N1 influenza mass vaccination clinic. The District Team will do the planning and coordination for the IST based on the direction provided by the LHD. **The LHD will be responsible for assuring the vaccine is transported to the clinic location and returned to the LHD following the clinic. The LHD will also need to secure standing orders for vaccine administration to permit the IST personnel to provide vaccinations on behalf of the LHD.** For a sample of standing orders for vaccine administration, visit [http://www.immunize.org/standingorders/#inf\\_h1n1](http://www.immunize.org/standingorders/#inf_h1n1).

#### **Immunization Strike Team (IST) Member Descriptions**

The Clinical Nurse Supervisor is responsible for overseeing the operation of the clinic in conjunction with the LHD. The Clinical Nurse Supervisor will assist in administering vaccinations (if needed) and monitoring individuals following vaccination. The Clinical Nurse Supervisor will respond to any adverse events or medical emergencies that may occur during the clinic, and is responsible for the IST Supply Kit. One Clinical Nurse Supervisor is required for each IST.

The Registered Nurse is responsible for assisting the Vaccinators and monitoring individuals following vaccination. The Registered Nurse will also assist in administering vaccinations (if needed). One Registered Nurse is required for every 3 Vaccine Stations.

The Vaccinator is responsible for administering vaccinations during the clinic. The Vaccinator may be a Licensed Practical Nurse (LPN) or a Registered Nurse (RN). The Vaccinator will be responsible for conducting the medical screening and administering the injection at the Vaccine Station. One Vaccinator is required per Vaccine Station, plus 25% for additional support.

Administrative Assistants/Runners are responsible for assisting with registration, refilling supplies and entering the vaccination information into CHIRP. One support staff member is required for each Vaccine Station, plus 25% for additional support.

#### **Immunization Strike Team Supply (IST) Kit**

The IST Supply Kit is a pre-assembled kit containing items which may be needed during the mass vaccination clinic.

The IST Supply Kit will include: Vaccine Storage Coolers and Temperature Monitors; Refrigerated Gel Packs; VIS Statements; Gloves, (latex-free); Band-Aids; Alcohol Wipes; Antibacterial Hand-Washing Solutions; Emergency Medical Supply Kit; Privacy Screens; Cots; Vests; and Basic Office Supplies.

The IST Supply Kit will NOT include: H1N1 Vaccine; Tables; Chairs; additional Biohazard or Sharp Disposal containers or computers/laptops for CHIRP data entry.

## Appendix 1

### Composition of an Immunization Strike Team (IST)

A complete IST is comprised of the following positions:

- Clinical Nurse Supervisor
- Registered Nurses
- Vaccinators
- Administrative Assistants/Runners

A Local Health Department (LHD) may augment their existing efforts for a mass vaccination clinic by requesting a number of possible positions from the IST to assemble their own IST unit; however, a deployed IST must include at minimum:

- One Clinical Nurse Supervisor
- One Registered Nurse for every three Vaccine Stations
- One Vaccinator for each Vaccine Station, **plus 25% for additional support**
- One Administrative Assistant/Runner for each Vaccine Station, **plus 25% for additional support**

Please see the following descriptions for each of the Immunization Strike Team positions:

### Job Descriptions for IST positions

#### Job Title: Vaccinators (QTY 22 Positions)

##### *Purpose/Position Summary*

Candidate will be part of a State level H1N1 influenza mass vaccination IST and perform the role of Vaccinator. The H1N1 influenza mass vaccination IST will be deployed to requesting counties to assist in the implementation of a mass H1N1 influenza vaccination clinic. The Vaccinator will be responsible for conducting the medical screening and administering the injection at the Vaccine Station.

##### *Essential Duties/Responsibilities*

Vaccinators will be responsible for administering immunizations during the mass clinic.

##### *Job Requirements*

Must possess either a valid Registered Nurse license or a valid Licensed Practical Nurse license issued by the Indiana Professional Licensing Agency.

**Job Title: Registered Nurses (QTY 3 Positions)***Purpose/Position Summary*

Candidate will be part of a State level H1N1 influenza mass vaccination IST and perform the role of Registered Nurse. The H1N1 influenza mass vaccination IST will be deployed to requesting counties to assist in the implementation of a mass H1N1 influenza vaccination clinic.

*Essential Duties/Responsibilities*

The Registered Nurse will be responsible for providing triage to persons coming into the clinic setting for vaccination, assist with administering vaccinations, and monitor individuals following vaccination during the mass vaccination clinic.

*Job Requirements*

Must possess a valid Registered Nurse license issued by the Indiana Professional Licensing Agency.

**Job Title: Clinical Nurse Supervisor (QTY 1 Position)***Purpose/Position Summary*

Candidate will be part of a State level H1N1 influenza mass vaccination IST and perform the role of Clinical Nurse Supervisor. The H1N1 influenza mass vaccination IST will be deployed to requesting counties to assist in the implementation of a mass H1N1 influenza vaccination clinic.

*Essential Duties/Responsibilities*

The Clinical Nurse Supervisor will be responsible for providing triage to persons coming into the clinic setting for vaccination, assist with administering vaccinations, and monitor individuals following vaccination during the mass vaccination clinic. The Clinical Nurse Supervisor will oversee the operations of each clinic in conjunction with the LHD. The Clinical Nurse Supervisor will respond to any adverse events or medical emergencies that may occur during the clinic, and is responsible for the IST Supply Kit.

*Job Requirements*

Must possess a valid Registered Nurse license issued by the Indiana Professional Licensing Agency. Previous experience in implementation of mass vaccination efforts and supervisory experience preferred.

**Job Title: Administrative Assistant/Runner (QTY 5 Positions)**

*Purpose/Position Summary*

Candidate will be part of a State level H1N1 influenza mass vaccination IST and perform the role of Administrative Assistant. The H1N1 influenza mass vaccination IST will be deployed to requesting counties to assist in the implementation of a mass H1N1 vaccination clinic.

*Essential Duties/Responsibilities*

The Administrative Assistant will serve as registration staff, runners, as Children and Hoosiers Immunization Registry Program (CHIRP) data entry staff, or will refill supplies as needed during each clinic based on identified need.

*Job Requirements*

Requires a minimum of five years professional experience in administrative support, business administration, program support, public administration, or related experience. Computer experience preferred.

## **Annex B**

### **Logistics and Service Support**

#### **I. Background**

This Annex provides for Logistics and Service Support guidance to the Indiana State Department of Health (ISDH) Pandemic Influenza Operations Plan (PIOP), dated June 2009.

#### **II. Material and Services**

- A. Supply. All requests for supplies or resupply of equipment and /or related logistic items will be forwarded directly to the Logistics Department, Public Health Preparedness and Emergency Response (PHPER), ISDH. Requests will be transmitted via Fax (317) 234-3724 or email to [anroberts@isdh.in.gov](mailto:anroberts@isdh.in.gov). utilizing the form found at Appendix 1 to this annex. The requisition form must be filled out completely and authenticated by the Local Health Department (LHD) of the requesting county. All maintenance issues concerning "Go Kit" items will be sent to the Logistics Department of PHPER.
- B. Transportation. Transport of supplies/resupply and/or personnel will be as follows:
  - 1. Supplies/Resupply, this will be accomplished via contract commercial delivery systems, ISDH vehicles or the Indiana State Police (ISP) as needed and /or practical. (Appendix 2).
  - 2. Personnel. Individuals' privately owned vehicles (POV) will be the mainstay for personnel transport. In emergency situations when warranted ISDH or ISP may assist. Reimbursement for POV travel will be in accordance with contract provisions and State policies and procedures.

#### **III. Personnel**

All personnel issues will be addressed through the Strike Team Leader (STL) and LHD to the ISDH. The ISDH Immunization Division will be kept informed of all personnel issues by the contractor that may impact the team mission.

#### **IV. ISDH/LHD/STL Cooperation**

Proper coordination and cooperation between all agencies are of paramount importance. The Logistics personnel of PHPER stand ready and willing to assist as needed. Do not hesitate to call on us if you have questions or concerns in the Logistic and Service Support arena.

## **V. Miscellaneous**

### **A. Communications for Logistics**

1. Telephone IOT Customer Service @ (317) 234-4357 or Angela Hopson @ (317) 234-6164
2. Fax: (317) 234-3724 or 234-6308
3. Email: Wayne Majors @wmajors@isdh.in.gov or Andrea Roberts @ [anroberts@isdh.in.gov](mailto:anroberts@isdh.in.gov)
4. Cell Phone: Wayne Majors @ (317) 431-7455 or Andrea Roberts @ (317) 416-7877

- B. Radio- When the ISDH 800 MHz radio system is activated, you may contact the Logistics Section by radio on the 800 MHz radio channel A2.

Appendix 1 (Order/Reorder Form)

Appendix 2 (Transportation)

Appendix 3 (Go Kits)

## Appendix 1 to Annex B Order/Reorder Form

<u>Medications</u>	Amount
Epinephrine 1:1000 SQ	
Diphenhydramine 50 mg IM	

<u>Ancillary Medical Supplies</u>	Amount
Gloves (latex free) (S, M, L)	
Band-aids	
Antibacterial hand sanitizer	
1.5" needles	
3 cc syringes with 1", 25 gauge needles	
Chux Pads	
Tuberculin syringes with 5/8" needles	
Adult pocket masks with one way valve	
Adult airway tubes	
Stethoscope	
Blood Pressure Monitor	
VIS Statements	

<u>Non-Medical Supplies</u>	Amount
Large Tote for transporting supplies	
Pad of Paper	
Pens	
Pencils	
Rubberbands	
Scotch Tape	
Masking Tape	
Heavy duty tape	
Stapler	
Staples	
Scissors	
Post it Notes	
Clipboards	
Paperclips	
Binder clips	
Permanent Markers	

<u>Pediatrics</u>	Amount
Pediatric pocket masks with one way valve	
Pediatric airway tubes	

<u>Miscellaneous</u>	Amount
Cots	
Vests	
Vaccine Storage Coolers	
Electric Cooler	
3M MonitorMark heat indicator	
3M ColdMark Freeze indicator	
Utek Refrigerant gel packs medium	
Utek Refrigerant gel packs small	
Trashbags	
Batteries	
Cold Packs	
Blankets	
Pillows	
Power Strip	
Extension Cords	
Penlights	

<u>Additional Items</u>	Amount

**Instructions: Submit completed form to the ISDH Logistics. This form must be faxed to ISDH at 317-234-3724 or emailed to [anroberts@isdh.in.gov](mailto:anroberts@isdh.in.gov)**

City	County	District
Contact Person	Phone	

## **Appendix 2 to Annex B**

### **Delivery System (Transportation)**

1. General - This appendix outlines procedures for requesting commercial contract vehicle support.
2. Procedure - The need to move items commercially may exist. To request vehicle support you must contact the Logistics Section at Indiana State Department of Health (ISDH) Public Health and Preparedness Emergency Response (PHPER) to coordinate the effort. You must have the following information when you call.
  - a. Who
  - b. Where
  - c. When
  - d. Why
3. Request will be made via telephone (317) 234-6164 or fax (317) 234-3724 to Angela Hopson for action. A lead time of 48 hours is needed to insure successful completion.



## Appendix 3 to Annex B

### “Go Kits Construction”

1. **Background** - Go Kits have an established contents list for a fully deployed 22 person Immunization Strike Team (IST). However, the deployment of a full team may not be needed by the Local Health Department (LHD). The LHD may want to limit the support provided by the ST to specialized skills. Additionally, the LHD may have access to most (if not all) of the “Go Kit” gear. Therefore, customized ST organization to include customized “Go Kit” equipment should be considered.
2. **General** – The IST membership (customization) will be requested through ISDH Immunization channels. To speed the process the need to customize the “Go Kit” can be included in the initial request made to ISDH Immunization Division. They in turn will forward the “Go Kit” request to PHPER Logistics for provisioning. The PHPER Logistics will assemble the required “Go Kit” and have it dispatched to marry up with the team at the designated work site. The supply/resupply requisition form in Annex B will be used.
3. **Go Kit** - A “Go Kit” consists of the items shown at Exhibit A to this Appendix. As the LHD will be the responsible agent for supplies/equipment sent to their county, care must be taken to not “overstock” or order items that are not required. The LHD official will be required to sign for items delivered to the vaccination site.

## Exhibit A (Basic Go-Kit)

### Exhibit A to Appendix 3

#### Go Kit Supplies to Order for 3 Kits

- Cots
- Vests
- Vaccine Storage Coolers
- Electric Cooler
- 3M Monitor Mark Heat Indicators
- 3M Cold Mark Freeze Indicators
- Utek Refrigerant Gel Packs Small
- Utek Refrigerant Gel Packs Medium
- VIS Statements

#### Non-Medical Supplies

- Large Tote for transporting supplies
- Pad of Paper
- Pens, Pencils
- Rubber Bands
- Tape (1 scotch, 1 masking, 1 heavy duty)
- Stapler/Staples
- Scissors
- Post-it Notes
- Clipboards
- Paper Clips/Binder Clips
- Trash Bags
- Permanent Markers
- Power Strip
- Extension Cord

## **Exhibit A to Appendix 3**

### **Go Kit Supplies to Order for 3 Kits**

#### **Ancillary Medical Supplies (1 per kit)**

- Gloves, Latex-Free
- Band-Aids
- Antibacterial Hand-Washing Solutions
- Emergency Kit including:
  - Epinephrine 1:1000 SQ
  - Diphenhydramine 50 mg IM
  - Tuberculin Syringes with 5/8" Needles (for epinephrine)
  - 3cc Syringes with 1", 25-Gauge Needles
  - 1.5" Needles
  - Adult and Pediatric Pocket Masks with one way valve
  - Adult/Pediatric Airway Tubes
  - Stethoscope
  - Penlights
  - Blood Pressure Monitor
  - Instant Cold Packs
  - Blankets
  - Pillows
  - Chux Pads

## **Annex C**

### **Planning Considerations**

**Purpose:** This annex is to provide you planning considerations as you plan for the use of your Immunization Strike Team (IST).

Included:

Appendix 1: Clinic Planning Checklist

Appendix 2: Scheduling a Clinic Worksheet

Appendix 3: Calculating How Many Vaccine Stations are Needed

## Appendix 1 to Annex C

### Clinic Planning Checklist

Adapted from [http://www.nasn.org/Portals/0/getsmart\\_resource\\_guide/checklist.doc](http://www.nasn.org/Portals/0/getsmart_resource_guide/checklist.doc)

#### **Five to Six Months Prior to School Clinic**

- ☐ Approach school administrators/officials and school nurses to determine interest in and support for vaccination clinic.
- ☐ Prepare disease and vaccine information to present to school officials.
- ☐ Determine who will obtain approval/permission needed. Ensure necessary documentation of approval.

#### **Three to Four Months Prior to School Clinic**

- ☐ Meet with school nurses for preliminary planning.
- ☐ Determine roles of involved LHD staff and school nurses and staff.
- ☐ Select time and date for clinic during school hours.
- ☐ Work with school nurse to identify and secure clinic location that provides easy access for students, access for emergency medical personnel, if needed (e.g., ground level, wide doors), and access to proper refrigeration of vaccine.
- ☐ Discuss vaccine order (e.g., amount needed, vaccine being used, etc.) with ISDH Immunization Program
- ☐ Order vaccine for use at clinic; investigate liability insurance, if applicable.
- ☐ Tailor template toolkit materials to include information about your clinic:
  - ☐ Flyer
  - ☐ Parent letter
  - ☐ Parent/student educational materials (e.g., fact sheet)
  - ☐ Consent/CHIRP forms
- ☐ Determine other resources identified for advertising the clinic.
- ☐ Contact local providers/local hospitals to assist with promotion of the clinic and solicit available RNs or clerical staff to help administer vaccine during the clinic, if necessary.

#### **Two Months Prior to School Clinic**

- ☐ Finalize all clinic promotional and informational materials.
- ☐ Display and distribute customized flyer to announce clinic to students and their parents.
- ☐ In cooperation with school nurse, host an educational session where parents can obtain additional information about the disease(s) and immunization(s) and distribute flyers, VIS sheets, consent forms, etc.
- ☐ In cooperation with school nurse, host a school assembly to inform students about applicable VPDs and distribute appropriate materials.
- ☐ Set up a table at back-to-school night or another school event to pass out materials, answer questions from parents about the disease(s) and alert parents to the upcoming clinic.
- ☐ Work with school nurse to review immunization records of students and determine which students are to be vaccinated.
- ☐ Continue to arrange for extra staffing, if necessary.

#### **One Month Prior to School Clinic**

- ☐ Send letter along with administrative forms (consent form, Vaccine Information Statement (VIS) sheet, CHIRP signature form) to parents encouraging registration for vaccination.
- ☐ Work with school nurse to include information about the vaccination clinic in school newsletter, calendar and/or Web site to alert parents and students.
- ☐ Verify school nurse is collecting consent forms & compiling list of students being immunized.
- ☐ Follow up with students with incomplete paperwork (if necessary).
- ☐ Begin confirming details for event (e.g., vaccine order status, staff schedule).

#### **Two to Three Weeks Prior to School Clinic**

- ☐ Arrange for proper handling, storage and disposal of vaccine and medical supplies.
- ☐ Organize records and documents or verify school nurse is organizing paperwork.
- ☐ Prepare Vaccination Clinic Record to keep track of immunizations and any other necessary paperwork that need be filed after the clinic. (Can use CHIRP signature sheet also)
- ☐ Assist school nurse in preparing student immunization schedule assigning times for students to be immunized.
- ☐ Confirm staffing for clinic.

#### **One Week Prior to School Clinic**

- ☐ Ask school nurse to remind students who have pre-registered about the clinic; if possible, place calls to parents of children who have registered.
- ☐ School nurses should remind teachers and administrators about clinic timing; school nurse should alert them to which students are involved.
- ☐ School nurse can arrange for school announcements about vaccination clinic.
- ☐ School nurse: Display vaccination clinic flyers around school.
- ☐ Finalize logistics for event.

#### **Day of School Clinic**

- ☐ Arrange for school announcements about vaccination clinic.
- ☐ School nurse: Collect outstanding forms from each person receiving vaccination, or their parents (if under 18), if not yet received.
- ☐ Ensure proper handling, storage, administration and disposal of vaccine and medical supplies.
- ☐ Complete necessary paperwork.

#### **After The School Clinic**

- ☐ Record all immunizations in CHIRP.
- ☐ Give copy of immunization record to student or parent.
- ☐ Evaluate program success.

# Getting Started

## *Planning a Mass Vaccination Clinic*

### *Chapter 2*

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After the need to host a mass vaccination clinic has been identified, the next step is planning for the clinic. Planning for the clinic will include determining the location, date/time, which vaccine(s) will be provided and who the clinic is intended to target. This chapter will guide you through many of the logistic steps necessary for a successful mass vaccination clinic.

One of first decisions that will need to be made once the need for a mass clinic is identified is who the target audience will be for the vaccinations. If it will be school-aged children, then a school-based clinic is the recommended approach. If specific occupations are the target, such as health care workers, then partnering with the health care agency to receive the vaccinations would be appropriate. If community residents at large are the target, then looking for strong community based partners would be recommended.

### **Planning Partners**

#### ***Partnering with the School District***

A successful school-based immunization clinic requires establishing a partnership with individuals who are the key stakeholders responsible for implementation. This partnership includes the support and collaboration from the school administration such as the district superintendent and school principle, from school health staff, and from parent organizations and student organizations. The promotion of school-based immunization clinics is dependent upon partners buying in to the program. The role of each partner should be one of active participation.

#### ***School Health Staff***

When hosting a school-based clinic, one of the most important partners in the planning stages will be the school health staff. The school health staff should provide the leadership or play a supporting role in the immunization clinic. Contact with the school health staff should be made early in the planning process. Having a strong partnership with the school health staff is vital to the success of a school-based vaccination clinic. If barriers exist to developing this relationship, you may want to consider approaching the local school board, parents associations or school administrations that may be able to help foster a relationship with the school nurse.

#### ***School Boards, PTOs, and School Administration***

**School Board** – Although most school boards do not act in the day-to-day affairs of the school corporation, the support and influence of the board can be beneficial.

**PTOs** –Take advantage of the contact the organization has with the parents and school staff by including the Parent Teacher Organization. The PTO can assist in dispensing flyers to the parents and in hosting an educational session for parents, staff, and students.

**School Administration** – Engaging the school administration in the clinic process will ensure adherence to protocols and ensure the proper channels to obtain permission. It is important to include the education component, as well as the mission statement of the school/school corporation, in the planning process.

#### ***Home School Associations***

Effective communication and partnership with home school associations can boost immunization rates.

#### ***Other Planning Partners***

For community based mass vaccination clinics as well as school-based clinic, other planning partners should also be approached to aid in the success of the clinic. It is important to have support of your public health nursing staff and local health officer, as well as including private immunization providers in the planning process.

Another great resource to include are instructors at local colleges of nursing or technical institutes that provide training for health trades. Mass vaccination clinics provide instructors and students an opportunity for field experience, while increasing the potential number of vaccinators during the clinic.

The partnership between the local health department and the school district and other planning partners should include:

- Regular meetings between the LHD and district partners
- Clearly defined roles of leadership
- Policies and procedures for operation
- A Memorandum of Understanding between the LHD and the school administration

## ***Getting Started: Planning a Mass Vaccination Clinic***

### ***Overcoming Barriers to Partnering with Schools***

In some instances, you may not be able to partner with your local schools to host an immunization clinic. There are many potential barriers that may need addressed to enable a partnership with the school. Barriers may include:

- Lack of resources such as funding, time, and staffing
- Competing priorities in school health programs
- Cooperation from stakeholders at the school district level
- Consent from parents or guardian
- Family Educational Rights and Privacy Act of 1974 (FERPA)
- Compliance requirements
- Confusion about interpretation
- Physicians
- Medical home vs. school-based program - competing for services
- Incomplete immunization records
- Cultural barriers: Vaccine myths
- Documenting immunization data into CHIRP, the immunization registry

### ***Plan B: When the School Does Not Want to Host a Clinic***

Because health priorities among local schools can vary widely, it is important to have an understanding of how the priorities are established and by whom. Schools resistant to hosting a clinic will need to be convinced of the benefits of the program.

### ***Suggestions for marketing clinic to school administration***

- Present the program as a means to decrease absenteeism due to vaccine preventable disease.
- Market the program as a no cost incentive.
- Present as a method to prevent school-based outbreaks.
- Stress schools play a vital role in the health of their students by participating in a school-based immunization clinic.
- Stress how the clinic will assist in bringing the school into compliance with Indiana school law requirements
- Present the program as a benefit and not a burden upon the school, i.e. local health department staff will be brought in.

If you are unable to partner with the school to host a clinic, then you will want to consider other alternatives for hosting a clinic for school-aged children. Additional opportunities exist to form a partnership with others who can champion the program.

Alternatives include partnering with local community organizations that target school-aged children, such as afterschool programs that are not associated with the school (i.e. Boys & Girls Club, YMCA, etc.), other immunization associations, the LHD medical officer, sports associations, medical assistants, or other local medical associations.

### ***Scheduling the Clinic***

The first task the clinic planning team will need to accomplish is scheduling the clinic. A variety of things should be considered when scheduling the clinic. Complete the following *Scheduling a Clinic worksheet* to ensure all the appropriate details are addressed.

### ***Who: Clearly define who the target audience is for the clinic.***

With limited resources for school-based immunization drives, the decision must be made as to what age groups to target for vaccination. Determining WHO should be included requires careful weighing of advantages and disadvantages. If a school-based clinic is being planned, then determine which grades will be targeted. If a community based clinic, then determine priority groups. Will the target population include all students, biological age or grade level, or VFC eligible children only?

For example, if a community based influenza clinic, then people 65 and over may be the target audience. Decisions will need to be made regarding vaccine eligibility. If ISDH provided vaccine is being used during the clinic, then ISDH guidelines for that vaccine will need to be followed, such as VFC eligibility. Special initiatives with expanded vaccine eligibility may be put into place by ISDH for particular vaccines, if funds are available. (See special H1N1 Guidance.) Contact the ISDH Immunization Division early during the planning stage to determine if your mass vaccination clinic may be part of a special initiative.

### ***What: Define which vaccine(s) will be provided.***

During a mass vaccination clinic, the types of vaccines available should be limited to 1 to 2 targeted vaccines, such as a mass influenza vaccination clinic. Determine which vaccine(s) is needed based on the needs identified in chapter 2. If the clinic is in response to an outbreak, then focus on only offering the vaccine(s) related to the outbreak. If the clinic is in response to new school requirements, then provide the new vaccine(s) that are required rather than offering an entire range of vaccines.

As stated in the 'Who' section above, special initiatives may be implemented by ISDH to expand vaccine eligibility for particular vaccines. For instance, in 2009, ISDH received additional funding to provide Tdap and MCV4 vaccines to all school age children, regardless of VFC eligibility to address a new school requirement. Contact the ISDH Immunization Division for more details on special initiatives that may be implemented to address new requirements or outbreak situations.

***Getting Started: Planning a Mass Vaccination Clinic***

***When: Set a date and time.***

Like planning any event, picking the date and time involves a variety of considerations. When deciding on a date for the event, consider other school or community events that may already be taking place that would conflict with the clinic. Planning around holidays, field trips, sports events, and other school related activities, such as end of the year or mid-term exams, can be a challenge. Also be sure to allow enough time to fully prepare for and promote the clinic. Other considerations include staff and location availability.

When selecting a date, also plan for an appropriate time of day. If the clinic is school-based, work with the school nurse to develop a plan to vaccinate students during the school day. If the school is unable to allow students to participate in the clinic during the day, plan for an appropriate time frame before or after school hours or on the weekend. The clinic date and time must allow for easy access to the participants.

In some circumstances, a short turn-around time may be necessary, especially in outbreak or pandemic situations. Please refer to Appendix A: Emergency Response Mass Vaccination Clinics for more details on planning the clinic that will need to be implemented right away.

***Where: Determine a location.***

If hosting a school clinic, determine where inside the school the vaccinations will be administered. If hosting a community clinic, select a location that is accessible to the community and provides enough space for a large number of people to rotate through the facility. Consider a local gymnasium, community center or other larger event gathering venues. Keep in mind when selecting a location not only space to administer the vaccines, but an area to register individuals prior to administration. If possible, having a registration area outside the main vaccine administration area can help with traffic control.

Other considerations include having an area to store the vaccine on site. (See Chapter 4 for more information on Maintaining the Cold Chain.) Mass vaccination clinics should also utilize CHIRP Mass Immunization Module (See Chapter 5.), which requires having space and electricity for computers (preferably laptops), as well as having internet access. You will also want to select a site that is handicap accessible, particularly if hosting a community based clinic.

***How: Make a plan for how the clinic will operate.***

Having a detailed plan for how participants will be registered, the vaccine administered and the data input into CHIRP during the clinic is essential. If these details are left to chance, expect a stressful and chaotic day. Once the location has been identified, a traffic flow plan can be established to direct participants from arrival, through the registration process to vaccine administration to monitoring for adverse reactions and exiting the clinic.

The plan should include the clinic stations and the expected processing time for each station. Key points for consideration include how many students will be seen per hour and how long each will spend in the clinic. The location capacity will determine how many stations to plan for. Too many patients in the clinic at a given time can cause overcrowding, congestion, and confusion. Plan the layout and participant flow carefully and allow ample staffing for each station.

***Possible Stations***

- Registration
- Education
- Screening
- Vaccination
- Symptoms
- Exit

***What Else? Think About Other Considerations.***

Other considerations may be brought up during the planning stages that had not been anticipated. Whether or not to charge an administration fee or a vaccine fee for privately purchased vaccine must be decided in the early planning stages.

When hosting a mass vaccination clinic, it is recommended to not charge administration fees for ISDH provided vaccine to alleviate the additional duties related to collecting fees. If providing ISDH provided vaccine, administration fee guidelines, such as not charging the fee to Medicaid eligible patients and not exceeding \$14.47 for non-Medicaid eligible patients, still apply.



## Appendix 2 to Annex C

### Scheduling a Clinic Worksheet

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#### **Who & What**

Why is a clinic being suggested?

- ☐ To boost waning immunity
- ☐ For outbreak control
- ☐ Epidemiological consideration
- ☐ Reduce the morbidity/mortality of a specific disease
- ☐ To protect from a particular disease
- ☐ New school immunization requirement
- ☐ New ACIP recommendation

Which vaccine-preventable disease(s) is the target?

\_\_\_\_\_

Is there a specific age group to be targeted?

Yes \_\_\_\_\_ No, general public target

#### **When**

What day of the week is best for the target audience?

\_\_\_\_\_

What is the best time of day for the target audience?

\_\_\_\_\_

What barriers may exist to hosting the clinic during this date/time? (Ex. Students leaving class)

\_\_\_\_\_

How will you address these barriers?

\_\_\_\_\_

Will enough vaccine supply be available?

\_\_\_\_\_

#### **Where**

Suggested locations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Location Considerations**

- ☐ Size of room(s)
- ☐ Place to store vaccine onsite
- ☐ Separate entry and exit doors
- ☐ Travel time to and from site
- ☐ Accessibility
- ☐ Available parking
- ☐ Room availability for suggested date/time
- ☐ Room availability prior to start of clinic for setup
- ☐ Cost of space rental
- ☐ Electrical outlets available
- ☐ Internet access available
- ☐ Tables/chairs available

#### **Final Summary**

Target Audience: \_\_\_\_\_

Vaccine(s): \_\_\_\_\_

Date/Time: \_\_\_\_\_

Location: \_\_\_\_\_

## Appendix 3 to Annex C

### Calculating How Many Vaccine Stations are needed

Estimated Number of Vaccinations to be given \_\_\_\_ Average time per vaccination: Average is approx. 3 minutes

*Number of vaccines x average time per vaccine = Total time needed*

Total time needed \_\_\_\_\_ Length of Clinic in Minutes \_\_\_\_\_

*Total time needed/Length of clinic = Number of Stations needed (Round up if needed)*

Total Number of Vaccine Stations Needed \_\_\_\_\_

*Example:*

Estimated Number of Vaccinations to be given: 1,000 Average time per vaccination: 3 minutes

*Vaccines (1000) X average time (3 minutes) = Total time needed 3,000 minutes*

Total time needed: 3,000 minutes Length of Clinic in Minutes: 4 hours = 240 minutes

*Total time needed (3,000)/Length of clinic (240 minutes) = Number of Stations needed (Round up if needed)*

Total Number of Stations Needed = 12.5 (round up to 13)

## Annex D

### Immunization Strike Team (IST) Request Form

1. Complete the below form and return by fax to April Bailey at (317) 233-3719.
2. All requests must be received at least 8 consecutive days prior to the clinic date.

#### Provider Information

Date Request Submitted \_\_\_\_\_ County/City \_\_\_\_\_

Contact Name(s) \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Clinic Information

Date/Time of Team Arrival \_\_\_\_\_

Date/Time of Clinic \_\_\_\_\_

Clinic Location Name \_\_\_\_\_

Clinic Location Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Location Phone \_\_\_\_\_

Est. Size of Location \_\_\_\_\_ sq. ft. Location has Internet Capability? ☐ Yes ☐ No

Estimated Number of Vaccinations to be given \_\_\_\_\_ Average time per vaccination \_\_\_\_\_

*Number of vaccines x average time per vaccine = Total time needed*

Total time needed \_\_\_\_\_ Length of Clinic in Minutes \_\_\_\_\_

*Total time needed/Length of clinic = Number of Stations needed (Round up if needed)*

Total Number of Vaccine Stations Needed \_\_\_\_\_

#### Clinic Staffing

How many of each staff position will your LHD be providing for this clinic?

Vaccinators \_\_\_\_\_ CHIRP Data Entry & other support staff \_\_\_\_\_

*(Note: The Clinical Nursing Supervisor and Registered Nurses will automatically be provided as part of the Immunization Strike Team.)*

How many doses of vaccine do you currently have available for the clinic? \_\_\_\_\_

How many doses of vaccine will need to be ordered and received prior to the clinic? \_\_\_\_\_

**For ISDH Use Only**

*To be completed by Immunization Division*

Will needed doses be available? \_\_\_\_

Clinical Nursing Supervisor \_\_\_\_\_ (1 Required)

Registered Nurses \_\_\_\_\_ (Number of stations/3)

Vaccinators \_\_\_\_\_ (Number of stations+25% minus LHD provided staff)

CHIRP Data Entry & Support staff \_\_\_\_ (Number of stations=25% minus LHD provided staff)

Date Request submitted to PHPER \_\_\_\_\_

*To be completed by PHPER*

LHD District Lead Notified \_\_\_\_\_

Staff Request Submitted to KS \_\_\_\_\_

Staff Availability Confirmed \_\_\_\_\_

*For Immunizations:* CHIRP Paperwork Submitted-LHD Notified of Strike Team Approval \_\_\_\_\_